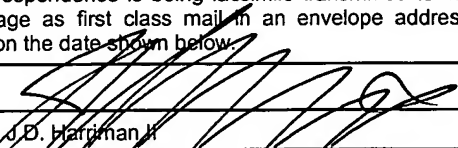


<b>PIPE TRANSMITTAL FORM</b> APR 04 2005 (to be used for all correspondence after initial filing) Total Number of Pages in This Submission	Application Number	10/693,543
	Filing Date	October 24, 2003
	First Named Inventor	Mika Nystrom
	Art Unit	2819
	Examiner Name	Tan, Vibol
Attorney Docket Number		10758/74

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
<b>Remarks</b>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Brown Raysman Millstein Felder & Steiner LLP		
Signature			
Printed Name	J.D. Harriman II		
Date	03/31/2005	Reg. No.	31,967

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	J.D. Harriman II	Date	03/31/2005

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;">           STP            APR 04 2005            PATENT &amp; TRADEMARK OFFICE         </div> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2005</h3>		Application Number	10/693,543
		Filing Date	October 24, 2003
		First Named Inventor	Mika Nystrom
		Examiner Name	Tan, Vibol
		Art Unit	2819
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	10758/74
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 325.00			

**METHOD OF PAYMENT** (check all that apply)

- ☒ Check 
 ☐ Credit Card 
 ☐ Money Order 
 ☐ None 
 ☐ Other (please identify) : \_\_\_\_\_
- ☒ Deposit Account 
 Deposit Account Number: 502811 
 Deposit Account Name: Brown Raysman, et al.
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below 
 ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) 
 ☒ Credit any overpayments
- Under 37 CFR 1.16 and 1.17

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description		Small Entity	
Fee (\$)		Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)		50	25
Each independent claim over 3 (including Reissues)		200	100
Multiple dependent claims		360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
27	-28 or HP= 0	x _____	= _____
HP = highest number of total claims paid for, if greater than 20.			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 3 or HP= 1	x 100	= 100.00
HP = highest number of independent claims paid for, if greater than 3.			

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x		= _____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Ext. Time

**Fees Paid (\$)**  
 \_\_\_\_\_  
 225.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	31,967	Telephone	(310) 712-8300	
Name (Print/Type)	J. P. Harman	Date	03/31/2005			

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